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Description automatically generated with low confidenceInstructions for completing the   
AUTHORISATION AS A NEW   
CVR TEST OPERATOR application form

## Who this application form is for

This form should be completed by an individual/sole trader or on behalf of a company or unincorporated association to apply for authorisation as a CVR test operator in respect of a new CVR testing centre in accordance with Section 9 of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

Your application will be considered in accordance with Sections 9 and 11 of this Act.

Any authorisation will be subject to specific conditions tailored to each CVR testing centre.

In completing this application, you should review the Conditions of Authorisation of CVR Test Operators (available at [www.cvrt.ie](http://www.cvrt.ie)) that will apply to any authorisation to operate as a CVR testing centre.

Note that a separate application is required for each testing centre. This is the case even where a number of testing centres are under the same ownership or management.

## How to fill this form

Fill in the form on your computer by clicking your mouse in any field where you want to enter text and type your entry. (Do not use the Tab key in your entry.)

To tick a check box, use the spacebar or left-click the mouse in the box. Clear the box by pressing the spacebar again, or by left-clicking again.

Alternatively, print the form and fill it in manually in **black ink**, using CAPITAL LETTERS.

The questions you need to complete on this form depend on the capacity in which you are making the application.

|  |  |
| --- | --- |
| **If you are making an application ...** | **... then complete these sections of this form** |
| ... on behalf of a company | **1**, 4, 5, 6 and 7 |
| ... in an individual capacity (as a sole trader) | **2,** 4, 5, 6 and 7 |
| ... on behalf of an unincorporated association | **3**,4, 5, 6 and 7 |

When you have filled in the form, print it out, **sign the declaration** at section 8, and submit it, along with the supporting documents, to the address shown below.

|  |  |
| --- | --- |
| Submit this application form along with the required supporting documents to: | CVR Authorisation Unit Road Safety Authority  Clonfert House Bride Street Loughrea H62 ET93 Co. Galway |

If you require any further information concerning the completion of this form, you can:

* Visit the Road Safety Authority website ([www.cvrt.ie](http://www.cvrt.ie))
* Contact us by email at [cvrauthorisations@rsa.ie](mailto:cvrauthorisations@rsa.ie).

## Checklist

Applications will be accepted only if they are fully completed with all necessary documentation enclosed. Incomplete application forms will be returned to the applicant.

Please tick boxes in the checklist below to confirm that all necessary documentation is enclosed.

|  |  |
| --- | --- |
| This application form with all relevant sections completed, as specified on the previous page, and the declaration form signed. Note that all 17 pages of the form must be returned. |  |
| Documentation demonstrating that you have sufficient financial resources or have access to such resources as per Section 5.1 of this form). |  |
| Proof of current tax compliance – see Section 5.2 of this form. |  |
| A letter from your insurance company (*not your broker)* detailing the insurance cover provided –see Section 5.3 of this form. |  |
| If applicable, a completed and signed Conviction Notification Form – available at [www.cvrt.ie](http://www.cvrt.ie). |  |

The Road Safety Authority reserves the right to seek additional information from you regarding your application.

## Fees in relation to CVR test operator authorisation

### Application fee

The fee for authorisation for a new CVR test operator is €8,500 where the proposed testing centre has one HCV and one LCV testing lane. The fee payable in respect of each additional testing lane is €6,000. Notification of fees will be made at the time that an offer of authorisation is made. Any fees paid are not refundable.

### Inspection fees in relation to application for authorisation

In relation to CVR testing centre inspections, there is no fee chargeable for the initial or first subsequent inspection. However, a fee is chargeable for second subsequent or further inspections that the RSA may conduct to establish that a CVR testing centre has the premises, facilities, equipment and testers necessary to enable tests to be carried out.

## Data protection

Please note that all of the information requested on this form is necessary for the purposes of processing your application for authorisation as a CVR test operator. If you fail to answer any of the questions set out in the application form, it will not be possible to process your application for authorisation.

The details set out in your application form will be processed by the RSA and/or its service providers solely for the purposes of processing your application and, where you are successful, managing your authorisation as a CVR test operator or as otherwise permitted by law including, but not limited to, any use or disclosure of data permitted under the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

The RSA will process your details in accordance with its obligations under the Data Protection Law (Data Protection Regulation (GDPR) and the Data Protection Acts 1998 to 2018). This includes taking all reasonable steps, including appropriate technical and organisational security measures, to protect personal data.

The RSA may disclose personal data to its agents, contractors and service providers to the extent reasonably required for the purposes described above.

You have the following rights, in certain circumstances and subject to certain restrictions, in relation to your personal data:

* The right to access your personal data
* The right to request the rectification and/or erasure of your personal data
* The right to restrict the use of your personal data
* The right to object to the processing of your personal data
* The right to be forgotten in certain circumstances
* The right to receive your personal data, which you may have provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.

If you wish to avail of any of these rights, please contact us at dataprotection@rsa.ie. Your request will be dealt with without undue delay and in any event within one month of receipt of the request.

Application for CVR test operator authorisation   
(new CVR testing centre)

# This application is for an authorisation as a CVR test operator in respect of a new CVR testing centre in accordance with Section 9 of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

# 1. APPLICANT DETAILS: LIMITED LIABILITY COMPANY

## 1.1 General details

|  |  |
| --- | --- |
| Company name |  |
| Trading name (if different from above) |  |
| Registered address |  |
| Testing centre address |  |
| Company registration number |  |
| Phone number |  |
| Email address |  |

## 1.2 Contact person in relation to this application

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

## 1.3 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Testing centre |  | Dealership | |  | Licensed road haulage operator |
|  | Repair garage |  | Own-account haulage operator | |  | Bus operator |
|  | Other | If Other, please specify: | |  | | |

## 1.4 Date of application

|  |  |
| --- | --- |
| Enter the date on which you are making the application. |  |

## 1.5 Number of company officers

|  |  |
| --- | --- |
| Specify the number of company officers (directors and company secretary). |  |

## 1.6 Previous experience

|  |  |  |
| --- | --- | --- |
| Is the company or any related company currently or previously the holder of authorisation as a CVR test operator? | **Yes** | **No** |
| If **Yes**, please provide the name and address of the testing centre. | | |

|  |  |  |
| --- | --- | --- |
| Is any director of the company or the company secretary currently or previously the holder of authorisation as a CVR tester? | **Yes** | **No** |
| If **Yes**, please provide the name(s) and address(es) of such persons. | | |

## 

## 1.7 Company directors and company secretary

Please provide details of *all* directors and the company secretary.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

|  |  |  |
| --- | --- | --- |
| Provide additional copies of this page if necessary. | **Additional page no.** |  |

# 2. APPLICANT DETAILS: INDIVIDUAL/SOLE TRADER

## 2.1 Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Trading name (if different from above) |  | | |
| Testing centre address |  | | |
| Date of birth |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

## 2.2 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Repair garage |  | Dealership | |  | Testing centre |
|  | Licensed road haulage operator |  | Own-account haulage operator | |  | Bus operator |
|  | Other | If Other, please specify: | |  | | |

## 2.3 Date of application

|  |  |
| --- | --- |
| Please enter the date on which you are making the application. |  |

## 2.4 Previous experience

|  |  |  |
| --- | --- | --- |
| Are you currently or were you previously the holder of authorisation as a CVR tester? | **Yes** | **No** |
| If **Yes**, please provide the name and address of the testing centre. | | |

|  |  |  |
| --- | --- | --- |
| Are you currently or were you previously the holder of authorisation as a CVR test operator? | **Yes** | **No** |
| If **Yes**, please provide the name and address of the testing centre. | | |

# 3. APPLICANT DETAILS: UNINCORPORATED ASSOCIATION

## 3.1 General details

|  |  |
| --- | --- |
| Name of partnership, cooperative, etc. |  |
| Trading name (if different from above) |  |
| Testing centre address |  |
| Phone number |  |
| Email address |  |

## 3.2 Contact person in relation to this application

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

## 3.3 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Repair garage |  | Dealership | |  | Testing centre |
|  | Licensed road haulage operator |  | Own-account haulage operator | |  | Bus operator |
|  | Other | If Other, please specify: | |  | | |

## 3.4 Date of application

|  |  |
| --- | --- |
| Enter the date on which you are making the application. |  |

## 3.5 Number of association officers

|  |  |
| --- | --- |
| Specify the number of association officers (partners or members of the management committee). |  |

## 3.6 Previous experience

|  |  |  |
| --- | --- | --- |
| Are you or any partner or member of your unincorporated association currently or previously the holder of authorisation as a CVR test operator? | **Yes** | **No** |
| If **Yes**, please provide the name and address of the testing centre. | | |

|  |  |  |
| --- | --- | --- |
| Are you or any partner or member of your unincorporated association currently or previously the holder of authorisation as a CVR tester? | **Yes** | **No** |
| If **Yes**, please provide the name(s) and address(s) of such persons. | | |

## 3.7 Partners or management members of the unincorporated association

Please provide details of *all* partners or (in the case of a cooperative or other unincorporated association) the secretary of the cooperative and all members of the committee of management.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| PPS number |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

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| Provide additional copies of this page if necessary. | **Additional page no.** |  |

# 4. THE PROPOSED CVR TESTING CENTRE TO WHICH THIS APPLICATION APPLIES

## 4.1 Planning details

Required documents and supporting information provided at the planning stage.

|  |  |  |
| --- | --- | --- |
| I have submitted a CVR testing centre plan including site plan | |  |
| Date of approval by RSA: |  | |
| I have received relevant Planning Permission from Local Authority | |  |
| Planning number |  | |
| Date copy submitted to the RSA |  | |

## 4.2 Authorisation being applied for:

Please tick the relevant box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heavy and Light Commercial Vehicles |  |  | Heavy and Light Commercial Vehicles and Tractors |  |

## 4.3 Opening hours

Please indicate below the normal opening hours for the proposed CVR testing centre.

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

## 4.4 Person responsible for management

Please enter contact details of the person responsible for day-to-day management of the CVR testing centre. In the case of an individual/sole trader, this is the person who is making the application. Limited companies or unincorporated associations must nominate a person who has the appropriate level of responsibility to make decisions in relation to testing operations.

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Address |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

### Attendance at training course

The person responsible for the day-to-day management of the CVR testing centre is required to undergo an initial CVR test operator training course. These courses will be conducted by the nominated training provider. The RSA will be providing the nominated training provider with the contact details of the person named above regarding completion of this course.

## 4.5 Number of CVR testing lanes proposed at the testing centre

|  |  |
| --- | --- |
| Number of Heavy Commercial Vehicle testing lanes |  |
| Number of Light Commercial Vehicle testing lanes |  |

**Note:** a minimum of one testing lane is required for each CVR vehicle type.

## 4.6 Number of anticipated tests

Please indicate the **number** of CVR tests that you expect to conduct at the proposed testing centre each year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heavy Commercial Vehicle (HCV) |  |  | Light Commercial Vehicle (LCV) |  |
|  |  |  |  |  |
| Tractor |  |  |  |  |

## 4.7 Number of CVR testers

Please indicate the numberof CVR testers that will be employed at the proposed testing centre to conduct Heavy Commercial Vehicle (HCV) and Light Commercial Vehicle (LCV) tests.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| HCV only |  |  | LCV only |  |  | HCV and LCV |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HCV and Tractor |  |  | HCV and LCV and Tractor |  |

## 4.8 Quality assurance and performance monitoring

|  |  |
| --- | --- |
| Tick this box to confirm that you have quality control measures in place to deliver consistent CVR testing and that these are available for inspection. |  |

## 4.9 Requirement to have ISO 9001 Certification

|  |  |
| --- | --- |
| Please tick this box to confirm that you will provide a copy of your ISO 9001/CITA 9B Certification as soon as same is received, but in any event, within nine months of the commencement of your authorisation. |  |

## 4.10 Hardware and software protection measures

|  |  |
| --- | --- |
| Tick this box to confirm that you will adhere to the required software and hardware protection measures. |  |

## 4.11 Planning and building regulations

|  |  |
| --- | --- |
| Tick this box to confirm that the testing centre complies with the requirements of the Planning and Development Acts and all applicable Building Regulations. |  |

## 4.12 Health and safety legislation

|  |  |
| --- | --- |
| Tick this box to confirm that your practices and procedures and premises conform with the requirements of the Safety, Health and Welfare at Work Act 2005 to 2014 and applicable Regulations. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of an offence under the Safety, Health and Welfare at Work Act 2005 to 2014? | | **Yes** |  | **No** |  |
| If the answer is **Yes**, please state the nature and the date of the conviction. |  | | | | |

## 4.13 RSA CVRT branding guidelines

RSA CVRT branding requirements are set out in the RSA’s Commercial Vehicle Roadworthiness Testing *Brand Manual.* This document is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie)

|  |  |
| --- | --- |
| Tick this box to confirm that your testing centre complies with the RSA CVRT Branding Guidelines. |  |

## 4.14 Recording of complaints

|  |  |
| --- | --- |
| Tick this box to confirm that you have or will have, a system in place to record any complaints received by you in connection with the carrying out of CVR tests at your CVR testing centre. |  |
| Please provide details of the complaints handling procedures used or proposed to be used. | | |

## 4.15 Conformance issues

Please explain (in writing) any issues that you may have regarding conformance with Sections 4.8 to 4.14.

|  |
| --- |
|  |

## 4.16 Towing and storage services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you interested in providing towing and storage facilities for CVR vehicles that are detained or immobilised as a consequence of enforcement activities? | **Yes** |  | **No** |  |

## 4.17 Names of proposed CVR testers

Please provide details of the CVR testers to be employed at the proposed CVR testing centre, and tick the boxes to indicate the types of vehicle they will test. In each case, tick the boxes to indicate that you have received proof that the proposed tester has completed the required initial or CPD training and is authorised as a CVR tester by the RSA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of proposed CVR tester** | **To test HCVs** | **To test LCVs** | **Proof of CVR tester training received** | **Proof of CVR tester authorisation received** |
|  |  |  |  |  |
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## 4.18 Conformance of the testing centre building *with the Authorisation of Commercial Vehicle Roadworthiness Test Operators and Testers Regulations 2013 (as amended, the “Regulations”) and the RSA’s Premises and Equipment Guidelines for CVR test operators*

Tick the boxes below to confirm that your testing centre building meets the requirements set out in Part 1 of Schedule 3 of the Regulations and the RSA’s *Premises and Equipment* *Guidelines for CVR Test Operators.* These documents are available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie)

A CVR testing centre shall be a premises that:

|  |  |  |
| --- | --- | --- |
| **(a)** | is a permanent, immovable, enclosed and weatherproof facility with space to carry out CVR tests for the categories of CVR vehicles to be tested and which meets the applicable requirements; |  |
| **(b)** | has a hard concrete floor surface or equivalent flooring; |  |
| **(c)** | has suitable access and egress measures and parking facilities to accommodate vehicle movements to, from and within the CVR testing centre; |  |
| **(d)** | has reception and customer waiting areas conveniently located in the premises; |  |
| **(e)** | has toilet facilities within the premises for customers attending the premises for tests and accessible from the waiting area; |  |
| **(f)** | has suitable signage for the carrying out of CVR tests; |  |
| **(g)** | has test lanes for each of the categories of vehicles to be tested at the premises as authorised by the Authority; |  |
| **(h)** | has facilities for the storage of records, books and other documentation and computer equipment; and |  |
| **(i)** | a ventilation and fume extraction system in the test area of the premises. |  |

## 4.19 Conformance of CVR testing centre lanes with minimum requirements

Tick the boxes below to confirm that the requirements have been met.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **HGV minimum requirements** | | **LGV minimum requirements** | |
| Internal length of lane |  | 30m |  | 26m |
| Internal width of lane |  | 7m |  | 6m |
| Drive through test lane |  | Yes |  | Yes |
| Entrance and exit door height |  | 5m |  | 5m |
| Entrance and exit door width |  | 4.25m |  | 4.25m |
| Dedicated certified level floor area for the headlamp aim test |  | Yes |  | Yes |
| Internal headroom clearance |  | 5m |  | 5m |
| Inspection pit length |  | Min 20m excluding steps |  | Not applicable |
| Inspection Pit width at floor level |  | Between 1.0m and 1.2m |  | Not applicable |
| Inspection pit depth |  | Between 1.4m and 1.6m |  | Not applicable |
| Vehicle lift for underbody inspections |  | Not applicable |  | Yes |
| Testing lanes separated fully from all other activities |  | Yes |  | Yes |
| Direct view of testing lanes from customer waiting area |  | Yes |  | Yes |

## 4.20 Required CVR testing equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick the boxes to confirm that the test lanes intended for testing shall have the testing equipment required by regulations and guidelines issued by the Authority. | **Yes** |  | **No** |  |

## 4.21 Authorisation fees and costs of repeated inspections

(a) The fee for authorisation for a new CVR test operator is €8,500 where there is one HCV and one LCV testing lane. The fee will be higher if the proposed testing centre has more than one HCV and one LCV test lane. The fee in respect of each such additional lane is €6,000. The Road Safety Authority will advise applicants of the prescribed fees payable at the time of making an offer of authorisation. The fee shall be paid to the RSA via the CVR fees ‘top up’ account.

**Note:** Any fees paid will not be refundable.

(b) In relation to CVR testing centre inspections, there are no costs chargeable to applicants for the initial or first subsequent inspection. However, costs are chargeable for second subsequent or further inspections that the RSA may conduct to establish that a CVR testing centre has the premises, facilities, equipment and testers necessary to enable tests to be carried out. The costs for repeated inspections shall be €200 per half day and or part thereof or €350 for a full day (being more than a half day).

# 5. FINANCIAL RESOURCES, TAX CLEARANCE AND INSURANCE REQUIREMENTS

## 5.1 Financial resources

Applicants are required to demonstrate that they have, or have the capacity to obtain, the necessary financial resources to provide CVR testing in respect of the authorisation being sought.

Applicants are required to submit financial statements as set out below. If the applicant is a subsidiary of a group, the information is required for both the subsidiary and the parent company. If the applicant is a partnership or association, the information is required for each member of the partnership or association.

* **If audited accounts are available**: a copy of audited annual accounts in the name of the applicant that cover the last two years of trading or, if the applicant has been trading for less than two years, for the period of trading that is available.
* **If audited accounts are not available**: a copy of unaudited annual accounts that cover the past two years of trading or, if the applicant has been trading for less than two years, for the period of trading that is available. If submitting unaudited accounts, you must also submit:
* An accountant’s letter stating that, to the best of their knowledge and based on the information provided to them, the accounts are a fair representation of the financial position of the applicant; and
* A letter from your bank confirming that you have the necessary financial resources.
* **In either case**, a cash flow projection showing the timing and level of investment required for the testing business. This must be accompanied by an accountant’s letter stating that, to the best of their knowledge and based on the information provided to them, in their opinion the applicant has the resources in place to provide testing under the authorisation being sought.

|  |  |
| --- | --- |
| Tick this box to confirm that you have submitted the financial documents requested above. |  |

## 5.2 Tax clearance

Applicants are required to demonstrate that they are tax compliant at the time of making this application. This requirement can be fulfilled by providing your PPSN/Tax Reference Number and your Tax Clearance Access Number which can be printed from the Revenue Online Service (ROS) (Tax Clearance Application Result section).

|  |  |
| --- | --- |
| Tick this box to confirm that you have submitted the details necessary to demonstrate tax compliance. |  |

## 5.3 Insurance cover

Applicants are required to submit a letter from their insurance company (not their broker) specifying the level of insurance cover held for public liability and professional liability. This cover should meet the requirements set out in the RSA’s *Premises and Equipment Guidelines for CVR Test Operators,* which is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie) RSA will seek confirmation that you satisfy the minimum requirements for insurance cover.

|  |  |
| --- | --- |
| Tick this box to confirm that you have submitted the insurance letter requested above. |  |

**Note:** The Road Safety Authority reserves the right to seek additional information from you regarding your financial resources and insurance cover.

# 6. REFUSALS, SUSPENSIONS AND DIRECTION NOTICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were you *or* any officer of your company *or* any partner or member of your association ever **refused** an application for authorisation as a **CVR test operator?** | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates and reason(s) for refusal. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were you *or* any officer of your company *or* any partner or member of your association ever **refused** an application for authorisation as a **CVR tester**? | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates and reason(s) for refusal. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you *or* any officer of your company *or* any partner or member of your association ever been **suspended** by the Road Safety Authority from holding an authorisation as a **CVR test operator**? | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates, requirements to be complied with and action taken. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you *or* any officer of your company *or* any partner or member of your association ever been **suspended** by the Road Safety Authority from holding an authorisation as a **CVR tester**? | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates, requirements to be complied with and action taken. | | | | |

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| Have you *or* any officer of your company *or* any partner or member of your association ever been issued with a **Direction Notice** by the Road Safety Authority as a **CVR test operator**? | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates, requirements to be complied with and action taken. | | | | |

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| Have you *or* any officer of your company *or* any partner or member of your association ever been issued with a **Direction Notice** by the Road Safety Authority as a **CVR tester**? | **Yes** |  | **No** |  |
| If **Yes**, please provide details of dates, requirements to be complied with and action taken. | | | | |

# 7. FIT AND PROPER PERSON REQUIREMENT

The Road Safety Authority **must** be satisfied that applicants are ‘fit and proper persons’ to be CVR test operators.

## 7.1 Notification of specified offences

In applying for renewal of authorisation as a CVR test operator, the applicant(s) or, in the case of a company, **each director and the company secretary**, or, in the case of an unincorporated association, **each partner or member of the committee of management** must notify the Road Safety Authority if he or she has been convicted in the State or in any other jurisdiction of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

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| Have you (as a sole trader) *or* any director or the company secretary of your company *or* any partner or member of the committee of management of your unincorporated association ever been convicted of an offence specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012? | **Yes** | **No** |
| If **yes,** enclose with your application a **Conviction Notification Form** completed by each person convicted, in respect of each specified offence of which they were convicted (see CVR test operator Conviction Notification Form available on [www.cvrt.ie](http://www.cvrt.ie) ). | | |

**WARNING**: Failure to notify the Road Safety Authority of such a conviction or providing information to the Authority knowing it to be false or misleading is a criminal offence and may result in the Road Safety Authority determining that **you are not a fit and proper person** to hold an authorisation and the refusal of the application.

# 8. DECLARATION

I/We wish to apply for authorisation as a CVR test operator.

/We hereby declare that the information furnished in this application is complete, true and accurate.

I/We consent to the Authority verifying the accuracy of any information furnished in this application.

I/We confirm that that I/we have or have the capacity to obtain the necessary financial resources to provide CVR testing under the authorisation applied for.

I/We hereby confirm that I/we will notify any changes to any details in this application to the Authority during the application process (for example, change of address, change in financial status, changes to directors or the secretary of the company, or changes to partners or members of the committee of management in the case of an unincorporated association or any other changes that might affect the authorisation. This notification will be made within five days of the occurrence of the change.

I/We confirm that I/we will (during the period of authorisation) notify the Road Safety Authority if I am/we are convicted of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012 within 28 days of the expiry of the time allowed for appealing such conviction or the determination or withdrawal of the appeal of such conviction.

## Who must sign

* For an application from an individual / sole trader: the individual must sign.
* For an application from a company: each director and the company secretary must sign.
* For an application from an unincorporated association: each partner or member of the committee of management must sign.

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| First name | Surname | **Position** | Signature |
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